

PAGE	1	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Immigrant Voters Win PAC		FEC IDENTIFICATION NUMBER ▼ C C00612820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee The Pivot Group, Inc		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 24 / 2016</div> </div>	
Mailing Address 1720 I St NW, Suite 550		Amount <div> <div></div> <div>32718.80</div> </div>	
City Washington	State DC	Zip Code 20006	Transaction ID : 24-01-00192-01088 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 19 / 2016</div> </div>
Purpose of Expenditure Canvassing Literature Design and Printing		Category/ Type	
Name of Federal Candidate Clinton, Hillary , , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>2651770.58</div> </div>		District: <u>00</u> State: <u>00</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Pivot Group, Inc		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 24 / 2016</div> </div>	
Mailing Address 1720 I St NW, Suite 550		Amount <div> <div></div> <div>32718.80</div> </div>	
City	State	Zip Code	Transaction ID : 24-01-00192-01091 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>10 / 19 / 2016</div> </div>
Washington	DC	20006	
Purpose of Expenditure Canvassing Literature Design and Printing		Category/ Type	
Name of Federal Candidate		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Murphy, Patrick, , ,			
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>326842.85</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		65437.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Young, Ryan, , ,

[Electronically Filed]

Date _____

Signature